

AMENDMENTS TO THE CLAIMS

This listing of claims will replace all prior versions, and listings, of claims in the application. Where claims have been amended, deletions are indicated by double brackets [[]] or ~~strikethrough~~, and additions are indicated by underlining:

In the claims:

1. – 10. (Cancelled)

11. (Currently Amended): A method of endoscopically forming, approximating and securing a plurality of tissue folds within a patient, the method comprising:

advancing an anchor delivery device through the patient's esophagus into the patient's stomach;

endoscopically forming a first tissue fold in the stomach tissue of the patient; piercing the first tissue fold with a needle defining a lumen;

placing ejecting a first anchor from the needle across the first tissue fold;

endoscopically forming at least one additional tissue fold in the stomach tissue of the patient, thereby forming the plurality of tissue folds;

placing at least one additional anchor across the at least one additional tissue fold; approximating the plurality of tissue folds; and

securing the approximated plurality of tissue folds with the anchors.

12. (Original): The method of claim 11, wherein the first tissue fold and the at least one additional tissue fold are not attached to one another.

13. (Original): The method of claim 11, wherein the first tissue fold is formed from an anterior segment of the patient's stomach and at least one additional tissue fold is formed from a posterior segment of the patient's stomach opposite the anterior segment.

14. (Original): The method of claim 11, wherein the first tissue fold and the at least one additional tissue fold are disposed inferior to a patient's gastroesophageal junction.

15. (Currently Amended): A method of performing gastric reduction procedure comprising:

advancing an anchor delivery device through a patient's esophagus into the patient's stomach, the anchor delivery device including a needle defining a lumen;

endoscopically forming[[],] and approximating and securing a first plurality of tissue folds in a first plane within the patient's stomach, with the anchor delivery device being used for securing the first plurality of tissue folds;

piercing at least one of the first plurality of tissue folds with the needle;

ejecting a first anchor from the needle across the at least one tissue fold; and

endoscopically forming, approximating and securing at least one additional plurality of tissue folds in at least one additional plane within the patient's stomach, with the anchor delivery device being used for securing the at least one additional plurality of tissue folds.

16. (Original): The method of claim 15, wherein the first plane and the at least one additional plane are substantially parallel to one another.

17. (Original): The method of claim 15, wherein the first plurality of tissue folds and the at least one additional plurality of tissue folds are not attached to one another.

18. (Original): The method of claim 15, wherein the first plurality of tissue folds and the at least one additional plurality of tissue folds each comprise at least one tissue fold from an anterior segment of the patient's stomach and at least one tissue fold from an opposing posterior segment of the patient's stomach.

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19. (Original): The method of claim 15, wherein the first plurality of tissue folds and the at least one additional plurality of tissue folds are disposed inferior to the patient's gastroesophageal junction.

20. – 31. (Cancelled)

32. (Currently Amended): A method of performing endoluminal gastric reduction comprising:

advancing an overtube comprising a plurality of nestable elements through a patient's esophagus into the patient's stomach while the overtube is disposed in a flexible state;

advancing a plication apparatus through a first lumen contained in said overtube such that a distal portion of said plication apparatus is located within the patient's stomach;

transitioning imposing a clamping load on the plurality of nestable elements of the overtube to transition the overtube to a rigid state in a desired orientation within the patient's stomach;

approximating and deploying a tissue anchor through each of a first plurality of tissue folds in a first plane within a patient's stomach; and

approximating and deploying a tissue anchor through each of a second plurality of tissue folds in a second plane within the patient's stomach.

33. (Previously presented): The method of claim 32, wherein the first plane and the second plane are substantially parallel to one another.

34. (Previously presented): The method of claim 32, wherein the first plurality of tissue folds and the second plurality of tissue folds are not attached to one another.

35. (Previously presented): The method of claim 32, wherein the first

plurality of tissue folds and the second plurality of tissue folds each comprise at least one tissue fold from an anterior segment of the patient's stomach and at least one tissue fold from an opposing posterior segment of the patient's stomach.

36. (Previously presented): The method of claim 32, wherein the first plurality of tissue folds and the second plurality of tissue folds are disposed inferior to the patient's gastroesophageal junction.

37. (Cancelled)

38. (Previously presented): The method of claim 32, further comprising: advancing a gastroscope through a second lumen contained in said overtube such that a distal portion of said gastroscope is located within the patient's stomach.

39. (Previously presented): The method of claim 32, further comprising: steering a distal region of said overtube to an orientation whereby the distal region of the overtube is located near and inferior to the patient's gastroesophageal junction.

40. (Previously presented): The method of claim 32, wherein the desired orientation comprises an arc traversing at least about 180 degrees.

41. (Previously presented): The method of claim 40, wherein the desired orientation comprises an arc traversing approximately 270 degrees.